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8301 OLD SAUK ROAD 53562 MI DDLETON Phone: (608) 662-8842 Ownershi p: Non-Profit Corporation Highest Level License: Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): 42 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/01): 44 Title 19 (Medicaid) Certified? No Number of Residents on 12/31/01: 38 37 Average Daily Census:

County: Dane

ATTIC ANGEL PLACE

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	50. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	18. 4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	31.6
Day Servi ces	No	Mental Illness (Org./Psy)	18. 4	65 - 74	2. 6		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	28. 9		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	<b>52.</b> 6	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	15.8	Full-Time Equivalent	
Congregate Meals	No	Cancer	5. 3	ĺ	j	Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0	Ί	100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	7. 9	65 & 0ver	100. 0	'	
Transportati on	No	Cerebrovascul ar	26. 3	`		RNs	24. 8
Referral Service	No	Di abetes	0.0	Sex	% j	LPNs	2. 7
Other Services	Yes	Respiratory	0. 0		Ì	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	42. 1	Male	26. 3	Aides, & Orderlies	39. 7
Mentally Ill	No			Femal e	73. 7		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100. 0	*******	ale ale ale ale ale ale

## Method of Reimbursement

		Medicare litle 18			dicaid tle 19	=		0ther			Pri vate Pay			amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	3	9. 1	216	0	0. 0	0	0	0. 0	0	3	7. 9
Skilled Care	5	100. 0	200	0	0.0	0	0	0.0	0	30	90. 9	200	0	0.0	0	0	0.0	0	35	92. 1
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	5	100.0		0	0.0		0	0.0		33	100.0		0	0.0		0	0.0		38	100. 0

County: Dane ATTIC ANGEL PLACE

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Admissions, Discharges, and	ı	Percent Distribution	of Residents'	Condi ti on	s, Servi ce	s, and Activities as of 12/3	31/01
Deaths During Reporting Period			% No	eedi ng		Total	
Percent Admissions from:		Activities of	%	Assi st	ance of	% Totally M	lumber of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent F	lesi dents
Private Home/With Home Health	2. 9	Bathi ng	0. 0	:	86. 8	13. 2	38
Other Nursing Homes	20.6	Dressi ng	0. 0	;	89. 5	10. 5	38
Acute Care Hospitals	<b>55.</b> 9	Transferring	10. 5		73. 7	15. 8	38
Psych. HospMR/DD Facilities	0.0	Toilet Use	7. 9	•	76. 3	15. 8	38
Rehabilitation Hospitals	0.0	Eati ng	<b>78</b> . 9		13. 2	7. 9	38
Other Locations	20.6	***************	******	******	******	*********	******
Total Number of Admissions	34	Continence		% S <sub>I</sub>	oecial Trea	ntments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	7. 9	Recei vi ng	Respiratory Care	7. 9
Private Home/No Home Health	0.0	0cc/Freq. Incontinent		<b>76</b> . 3		Tracheostomy Care	0. 0
Private Home/With Home Health	20. 6	0cc/Freq. Incontinent	of Bowel	36. 8		Sucti oni ng	0. 0
Other Nursing Homes	2. 9					Ostomy Care	0. 0
Acute Care Hospitals	0. 0	Mobility				Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0. 0	Physically Restrained		5. 3	Recei vi ng	Mechanically Altered Diets	44. 7
Rehabilitation Hospitals	0. 0						
Other Locations	11.8	Skin Care		0	ther Reside	ent Characteristics	
Deaths	64. 7	With Pressure Sores		5. 3		nce Directives	100. 0
Total Number of Discharges		With Rashes		13. 2 M	edi cati ons		
(Including Deaths)	34				Recei vi ng	Psychoactive Drugs	<b>55.</b> 3

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		Ownershi p:			Si ze:		ensure:		_
	Thi s				er 50		lled	Al	
	Facility		Group		Group		Group		lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o
Occupancy Rate: Average Daily Census/Licensed Beds	84. 1	89. 4	0. 94	83. 8	1. 00	84. 3	1. 00	84. 6	0. 99
Current Residents from In-County	86. 8	82. 7	1. 05	74. 6	1. 16	82. 7	1.05	77. 0	1. 13
Admissions from In-County, Still Residing	52. 9	25. 4	2.08	33. 2	1. 59	21. 6	2.45	20. 8	2. 54
Admissions/Average Daily Census	91. 9	117. 0	0. 79	75. 3	1. 22	137. 9	0.67	128. 9	0. 71
Discharges/Average Daily Census	91. 9	116.8	0. 79	77. 3	1. 19	139. 0	0. 66	130. 0	0. 71
Discharges To Private Residence/Average Daily Census	18. 9	42. 1	0. 45	15. 9	1. 19	<b>55. 2</b>	0.34	<b>52.</b> 8	0. 36
Residents Receiving Skilled Care	100	93. 4	1. 07	91. 2	1. 10	91.8	1. 09	85. 3	1. 17
Residents Aged 65 and Older	100	96. 2	1. 04	97. 7	1. 02	92. 5	1.08	87. 5	1. 14
Title 19 (Medicaid) Funded Residents	0. 0	<b>57. 0</b>	0.00	60. 7	0.00	64. 3	0.00	68. 7	0.00
Private Pay Funded Residents	86. 8	35. 6	2.44	36. 2	2. 40	25. 6	3. 40	22. 0	3. 95
Developmentally Disabled Residents	0. 0	0. 6	0.00	1.4	0.00	1. 2	0. 00	7. 6	0.00
Mentally Ill Residents	18. 4	37. 4	0. 49	33. 9	0. 54	37. 4	0.49	33. 8	0. 55
General Medical Service Residents	42. 1	21. 4	1. 97	24. 3	1. 73	21. 2	1. 99	19. 4	2. 17
Impaired ADL (Mean)	47. 4	51. 7	0. 92	51. 1	0. 93	49. 6	0. 95	49. 3	0. 96
Psychological Problems	55. 3	52. 8	1. 05	58. 2	0. 95	54. 1	1. 02	51. 9	1. 07
Nursing Care Required (Mean)	8. 9	6. 4	1. 39	7. 0	1. 27	6. 5	1. 36	7. 3	1. 21